

STUDENT ENROLLMENT FORM

School Name / City							
Date of Enrollment:			Entrance Date:				
Program Enrolled	Cosmetology	Ma	anicuring	Esthetician	ı İr	nstructor	
(please select one)							
Full Time Student	Part Time Student						
Day Student		Night Student					
Number of Hours Per Wee	ek						
This application must be completed and sign- program along with proof of education (Rule		structor and	sent to the Missi	ssippi State Board of (Cosmetolo	ogy, within 30 days of entrance into	
Ctudont Nonco	First		N 1: d d l a		Lost		
Student Name	First		Middle		Last		
Mailing Address	Street Address				County		
Ivialiling Address	Street Address				County		
	City		State		Zip		
	City		State		2.6		
Social Security Number			Telephone Number				
Date of Birth			Place of Birth				
High School Name							
Date of Graduation			Name on Diploma				
Have you ever been convicted of	a felony? ON	0 (YES, Date of	•	ı		
If yes, explain details of conviction	on and provide con	viction d	ocument fror	n the court of ju	ırisdicti	on:	
Are you on probation? ONO YES Are you on parole? NO YES							
In the case of conviction, studen				_			
A) Letter Explaining Conviction and Deta c) Letter from Probation or Parole Office	Letter from School Letter from Upstanding Citizen of Community or Minister						
These letters should indicate that you should be allowed to enter the profession.							
THE BOARD WILL CONSIDER EAC	CH REQUEST ON A	N INDIVII	DUAL BASIS a	and MUST BE A	PPROV	'ED BEFORE	
ENROLLMENT.							
NOTE: The Fresh Start Act of 2019 provides t solely or in part because of a prior conviction							
occupation of cosmetology, esthetics, or mar criminal record will disqualify that person fro	nicurist. A person with a	criminal reco	ord may petition t	-			
			, , ,				
WE CERTIFY UNDER PENALTY OF KNOWLEDGE.	PERJURY THAT TH	E FOREGO	OING IS TRUE	AND CORRECT	TO THE	E BEST OF OUR	
KNOWELDGE.							
Student Signature		Instructor Signature					
Date			Date				